The Positive Deviance Approach – A Briefing

Briefing Preview

Introduction

The primary intent of this briefing is to provide an overview of the Positive Deviance (PD) approach to those interested in initiating wide-reaching, important improvements in organizations and communities. Often leaders and change agents considering a major change are looking for a concise, single source for basic details of a particular approach so they can evaluate how it might help them achieve their objectives. This briefing is intended to be just such a document, and should be considered a starting resource for conversations about PD use in local situations.

Today's environment -- *nonstop change, a volatile and uncertain global economy, rapid technological innovation, escalating customer requirements, persistent complex problems, and multiple, competing stakeholder demands* -- provides both challenges and opportunities for leaders. In my years of experience with high-engagement organizations and communities I have seen many approaches that engage people to generate improved results. I believe that the practice of PD should be on any leader's short list of approaches to consider when seeking a way to get people genuinely involved and to achieve rapid, sustainable results.

This document contains my observations, interpretations, and reflections related to my one-day visit to the Albert Einstein Medical Center (AEMC), as well as additional research that I conducted and my previous experience with high-engagement approaches.

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This briefing contains the following topics:

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Management summary

A results-based approach

PD focuses on implementing sustainable solutions to difficult problems in organizations and communities. It calls for high involvement of those who will be affected by the solution that will ultimately be implemented. This high involvement element creates local ownership of the new ideas, and helps ensure local acceptance and behavior changes required to make the solution work. Here are some sample challenges and results achieved by applying the PD approach:

- MRSA is an antibiotic-resistant, sometimes fatal staph infection that spreads quickly through direct contact. The rate of MRSA infections is growing rapidly in the United States. Though not a widely-known infection, each year 20,000 people die from MRSA infections, which is more than die from AIDS. Two PD efforts addressed controlling MRSA:
  - At AEMC after PD efforts MRSA infection rates dropped 38%.
  - At the Billings Clinic after PD MRSA infection rates dropped 88%.
- There were serious malnutrition problems in Vietnam following the war. However, within two years of the start of a PD effort two-thirds of the children had gained weight and 85 percent were no longer clinically malnourished.
- In a New South Wales prison the percentage of smoking decreased by 20 percentage points over a 15-month period.
- In 2005 the subsidiary of Merck in Mexico decided to use the PD approach to address the performance problems of one of its major products. For that product 15 out of 21 districts had growth rates less than the market. As a consequence the product was losing market share nationally. Within a year of using PD the product's growth rate was dramatically increased and all districts achieved their sales targets. Using PD also had a visible impact on people's behavior, on the level of energy, and how personal and group interaction turned into teamwork and an increased level of cooperation. These positive changes occurred not only within the initial community seeking improvement, but in other areas of the company as well.

Though one of the hallmarks of PD is high participation of local people who will be affected by an upcoming change, PD is not simply a method to make people feel good. PD efforts are highly driven by the collection and analysis of hard data related to PD outcomes as well as PD processes.

Typical challenges addressed

PD has tackled a wide variety of major social, medical, and business issues such as: good nutrition in lesser developed countries, ethnic conflict, HIV/AIDS, healthy pregnancy, reduction of MRSA infections, malnutrition, smoking cessation in prisons, and improved ability to meet pharmaceutical sales targets.

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Management summary, *continued*

Unique aspects

PD is based on the premise that "In every community there are certain individuals whose special practices, strategies or behaviors enable them to find better solutions to prevalent community problems than their peers who have access to the same resources." When contrasted with typical improvement approaches PD exhibits some key distinguishing characteristics:

Rather than…	in PD…
import "best practices" from outside the organization or community	people are identified who are doing something well inside, and then those behaviors are vetted, analyzed, and tailored (as needed) for use by members of other parts of the organization or community
having technical experts or managers tell front-line people what to do	front-line people learn to solve problems, co-discover, and teach others
letting front-line people do whatever they want once the decision for higher participation has been made	people are provided with boundaries so that the greater good of the community and the overarching needs of the organization are met. Through the promotion of widespread reflective practice greater awareness and informed actions are made possible.
providing front-line workers with dozens of bullet points on what they can, and cannot do	a critical few minimum critical specifications are provided as boundaries and guidelines that stimulate innovation
hoping that people will follow-through on commitments	accountability mechanisms (peer-to-peer, and manager-to-direct report) are provided and organizational energy is generated that ensure promised items are followed up on
having people execute their daily tasks by rote	people become more energized to *do* the work that they own, and even *improve* it
trying to "engineer buy-in" for a new solution	people develop genuine ownership and energy because they helped create the new solution.

General steps

The general steps for a PD-based improvement are listed below. These are not necessarily sequential, and there may also be several iterations or variations of a step, depending on local conditions.

Step	done by...	based on…
Define the problem or the opportunity	leadership and the local group whose behavior needs to change	evidence & dialogue
Define the outcome you're looking for	leadership and the local group whose behavior needs to change	evidence & dialogue
Determine if there are any individuals or entities in the organization[1] who already	the local group whose behavior needs to change	dialogue

[1] *Note to reader:* PD can be successfully applied in both organizational and community settings. To minimize awkward sentences I refer in this paper only to organizations. The ideas in this document also apply to communities.

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Step	done by...	based on…
exhibit the desired behavior or produce the desired results		
Discover uncommon practices and behaviors that enable some local solution developers to outperform others in their organization	the local group whose behavior needs to change	dialogue & discovery
Design and implement interventions that enable others in the organization to access and practice new behaviors	the local group whose behavior needs to change	dialogue & discovery
Discern if the new behaviors and practices are working	the local group whose behavior needs to change	dialogue & discovery
Disseminate findings and the PD process to other needed locations in the organization	leadership and the local group whose behavior needs to change	dialogue, training, & communication.

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Research approach

Sources

The sources of information used to generate this document were:

- A presentation by Sharon Benjamin at the Organization Development Network Annual Conference on the general uses of PD, and specific uses at AEMC.
- Internet research on PD that I conducted at the Positive Deviance website www.positivedeviance.org prior to my AEMC visit. Key resources were:
  - "Developing a Community-Based Nutrition Program using the Hearth Model and the Positive Deviance Approach – A Field Guide" by Monique Sternin, Jerry Sternin, and David Marsh;
  - a Positive Deviance PowerPoint presentation by Jerry Sternin,
  - "Positive Deviance Initiative: The Experience in Mexico by the Merck Mexico Team, 2005," and
  - "When the Task is Accomplished, Can We say we Did It Ourselves?" by Singhal & Greiner.
- Personal interviews with my site visit hosts, David Hares (AEMC) and Sharon Benjamin (one of three Plexus Institute consultants for the PD effort at AEMC)
- Interviews of AEMC hospital medical staff and management
- A training session that I attended for AEMC leadership development trainers, and
- Personal interpretations and reflections of my visit and research.

Review process

This paper benefited from two reviews. David Hares, MD (PD coordinator for AEMC) and Sharon Benjamin, PhD (coach for AEMC) – who were my hosts for my day AEMC visit -- provided valuable feedback on the initial draft.

In the second review Jon Lloyd, MD (PD practitioner and coach for AEMC), Joelle Everett (PD practitioner), and Henri Lipmanowicz (Chair of the Plexus Institute and a coach for AEMC) provided comments that helped further refine the PD concepts and principles presented in the paper. I am very grateful for the time and insights these practitioners provided to increase the accuracy and usefulness of this paper.

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The Positive Deviance Approach – A Briefing

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1. Positive Deviance overview

Section introduction

PD is a way for organizations and communities to address serious, persistent problem areas. Though not often mentioned in the existing PD literature, I can also envision PD being used very effectively to address positive opportunities, not just problems. In addition to being a powerful method for improving operational results, PD can have dramatic implications on the culture by changing the way people interact, distributing the origin of high-leverage solutions to all parts of the organization, and creating energy for achieving the organization's goals.

The premise, basic objectives, and fundamental principles for PD are straightforward. Though all PD efforts share a common theoretical foundation, individual PD implementations vary considerably based on local organizational factors (in order to pave the way for the solution's local acceptance). This section of this document provides background data on the basic PD method and potential local implementation variations.

This section's topics are: the PD premise, two key questions PD seeks to address, historical uses, fundamental principles, general approach, mindset shifts, and "min specs" as catalysts for new behavior.

The PD premise

The premise upon which all PD work is based is:

In every community there are certain individuals whose **uncommon practices/behaviors** enable them to find **better solutions** to problems than their neighbors who have access to exactly the **same resources.**

Two key questions PD seeks to address

All improvement methods seek to answer fundamental questions that relate to the environment, the organization that is seeking to improve, and the interrelationship of the two. The key questions that PD attempts to answer are:

1. What enables some community members to find better solutions to pervasive problems than their neighbors who have access to the same resources? and,

2. How can these locally-developed solutions be disseminated throughout the community without activating local change antibodies (the not-invented-here syndrome that would attack the introduction of outside ideas)?

Historical uses

PD has its roots in, and has been used primarily in **communities**. PD has tackled major social and medical issues such as good nutrition in lesser developed countries, ethnic conflict, HIV/AIDS, and healthy pregnancy.

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Historical uses, *continued*

Recently there has been considerable interest in using PD in **organizations** to initiate and sustain improvements. Specifically, funding has been provided to hospitals to propagate healthy behaviors, such as those that minimize the transmission of MRSA (an antibiotic-resistant, sometimes fatal staph infection that spreads quickly through direct contact).

Since MRSA infection rates have dropped dramatically at several hospitals – for example, at AEMC by 38%, and at the Billings Clinic by 88% -- I expect there will be more interest in PD as a way of addressing serious, persistent organizational problems.

Fundamental principles

PD is an approach that addresses the two key questions noted on the previous page through a series of semi-structured interactions among solution seekers, local solution developers, and the greater population that would benefit from the local solution developers' practices. Here are some principles that I observed at AEMC, organized into two categories:

Setting the stage

- PD starts with the faith that solutions ARE possible for a selected problem.
- Seek solutions from within the organization, not from outside experts.
- People "own" a solution that they create, and will energetically support it.
- Tap into front-line people's ability and unleash it to solve problems and disseminate effective behaviors.
- Create a safe environment to explore and learn.
- Focus on changing behaviors, not just telling people that one action is preferred over another so that they cognitively understand.
- Encourage anyone anytime to initiate an improvement using PD.

Implementation

- Once participants began to invite conversations of ownership and commitments of learning and gifts – that is, co-created solutions and amplifying successful practices – it is possible to create a "community" that further increases organizational energy and improves results.
- People in community overcome the scarcity myth and replace it with an abundance mindset that drives remarkable self-discovered solutions in the true spirit of a learning community.
- People at all organizational levels need to believe and act on the premise that a person doesn't need to be a manager/director/vp/ceo to have good ideas.
- Support experimentation, practice, and conversation about a new behavior. For example, if showing a doctor a new procedure, have her try it. Have her practice it. If it feels awkward, talk about it with her. This approach provides valuable input for moving forward to other areas, as well as the ability to craft locally accepted solutions because voices have been heard.
- Success breeds success – all organizational levels must support previous PD gains to ensure future PD gains.
- Use data to help focus, drive, and sustain behavior change.

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General approach

The general steps for a PD-based improvement are listed below. These are not necessarily sequential, and there may also be several iterations of a step, depending on local conditions.

1. **Define** the problem or the opportunity. Identify apparent causes and what current practices surround it. Begin to collect relevant data. This step is typically done by leadership and the local area seeking improvement, and is based on evidence and dialogue.
2. **Define** the outcome you're looking for. Without a clear end in mind, it will be difficult to design specific activities to get there. This step is typically done by leadership and the local area seeking improvement. It is based on evidence and dialogue.
3. **Determine** if there are any individuals or entities in the organization[2] who already exhibit the desired behavior or produce desired results. This step is typically done by the local group seeking improvement, and is based on dialogue.
4. **Discover** uncommon practices and behaviors that enable some local solution developers to outperform others in their organization. This step is typically done by the local group seeking improvement, and is based on dialogue and discovery by that group.
5. **Design** and implement interventions that enable others in the organization to access and practice new behaviors. *Important: focus on the "doing" aspect rather than just the transfer of knowledge.* This step is typically done by the local group seeking improvement, and is based on dialogue and discovery by that group.
6. **Discern** if the new behaviors and practices are working. Monitor and evaluate results and compare to the data collected in step 1, Define. This step is typically done by the local group seeking improvement, and is based on dialogue and discovery by the group.
7. **Disseminate** findings and the PD process to other needed locations in the organization. The findings would then be vetted for local relevance by conversations with local stakeholders. The process of identifying local positive deviance would be introduced for developing other solutions beyond the initial findings for a particular target area, such as MRSA reduction. This step is typically done by leadership and the local group. It is achieved through dialogue, training, and communication.

In individual implementations of PD the above steps will vary. Actual execution of a particular step may vary widely. For example, people used training, practice, and role-playing to roll out a new infection control procedure at the AEMC. In the rollout of a similar procedure at the Billings Clinic the PD group used improvisational theater -- also called "improve," which is the extemporaneous

[2] *Note to reader:* As mentioned before, PD can be successfully applied in both organizational and community settings. To minimize awkward sentences I refer in this paper only to organizations. The ideas in this document also apply to communities.

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General approach, *continued*

invention of situations and actor reactions -- to explore key challenges, discover solutions together and practice new behaviors.

Mindset shifts

The steps outlined above are logical and straightforward. The simplicity of the approach may, on the surface, mislead the first-time reader into thinking that PD is simply a tweaking of existing improvement techniques. But make no mistake about it, PD represents a dramatic departure from traditional problem-solving and change management methods. In addition to the steps in the above section there are also some fundamental mindset shifts required that are necessary to achieve PD's dramatic successes (like the 88% improvement at the Billings Clinic). These mindset shifts appear in the "From – To" table below.

From		To
External best practices	→	Internal emergence of what to do locally
Engineered buy-in	→	Genuine ownership
Rote performance of daily tasks	→	Energized commitment to high-level goals
Top down decrees	→	Bottom-up relevant solutions
Education	→	Active discovery and learning
Knowledge as change driver	→	Behavior as change driver
Leader as director	→	Leader as inquirer
Problem solving to solutions	→	Solutions to problem solving
Inviting front-line workers to participate by providing feedback on management ideas	→	Inviting front-line workers to wholeheartedly engage in the process by framing the problem and key issues, and then developing, testing, modifying, and implementing solutions
Knowing the answers at the start of a change	→	Discovering answers along the way and adjusting appropriately.

True mindset shifts are not easy. Just listing the above two columns on a PowerPoint slide isn't likely to cause a tectonic shift in anyone's current mindset or behaviors. The above need to be discussed, explored, practiced, and reiterated at opportune times as the PD implementation progresses.

"Min specs" as catalysts for new behavior

But even a clear articulation between the current mindset and the desired mindset may not be enough. Mindset shifts can be very slow because they are based on ingrained patterns and ways of thinking over many years of organizational and life experience. If we wait for mindsets to shift 100% in the desired direction, we may be waiting long beyond our retirement.

This is where the principle "Sometimes it's easier to act ourselves into a different way of thinking than it is to think ourselves into a different way of acting" comes

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"Min specs" as catalysts for new behavior, *continued*

into play. Once people try a new behavior and find out the results are quite positive, they are more likely to change their mindset (and consequently change future behaviors that are based on that new mindset).

One of the critical ways in PD for people to act themselves into a new way of thinking is to provide them with a small set – not an overwhelming 100-point bulleted list – of guidelines for new behaviors. AEMC's David Hares stated that a small list of guidelines, called a "min spec" in PD parlance, was quite helpful in shaping new behaviors, generating great results, and eventually shifting mindsets. Some of the items on this AEMC min spec list were:

- Look for possible MRSA transmission opportunities
- Consider the basic science when analyzing the situation
- Don't stop local implementation of changes even if they appear to an expert to be wrong as long as they're not outside boundaries, and
- Create your own solutions.

These are shown for all to see, and apply at all organizational levels. Min specs become especially powerful as people engage in peer-to-peer learning about possibilities that don't already exist. The min specs foster an atmosphere of curiosity and experimentation -- based on a few simple guidelines so people aren't overwhelmed – that generate truly remarkable results.

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2. Positive Deviance at Albert Einstein Medical Center

Section introduction

MRSA infections were reduced 38% based on the launch of a PD effort two and one-half years ago at AEMC. This section contains a brief background of the problem, highlights of the hospital's initial, and continuing journey, as well as technical PD foundations as applied at the hospital.

This section's topics are: background, the 7 priming questions, success stories, links to quantitative quality improvement, DADs – a cornerstone of ongoing improvement, and key lessons learned.

Background

MRSA infections are a serious, and growing problem in hospitals. Here are some scary statistics not only for hospital staffs, but for anyone who checks into a hospital:

- A recent APIC's study estimated that MRSA affects at least 46 of every 1,000 hospitalized patients.
- A recent CDC report estimated there are 94,000 life-threatening invasive MRSA infections in the US in 2008.
- MRSA infections in hospitals increased 32-fold between 1976 and 2004.
- MRSA infections were associated with nearly 19,000 deaths in 2005.

AEMC was one of six beta site healthcare systems in the Positive Deviance MRSA Prevention Partnership. This partnership was funded by the Robert Wood Johnson Foundation and led by the Plexus Institute. David Hares, MD, (Quality Manager), Jeff Cohn, MD (Director of Quality), Jerry Zuckerman, MD, (Medical Director of Infection Control), and Dottie Borton (infectious control practitioner) spearheaded the implementation and sustaining phases of the PD launch for MRSA reduction. They were supported by a team of three consultants from Plexus Institute: Jon Lloyd, MD, Henri Lipmanowicz, and Sharon Benjamin, PhD.

The 7 priming questions

Any successful change method has a set of priming questions that stimulate thought, energy, and robust solutions. The 20 people in AEMC's Discovery Group who began to set up the conditions for successful PD started with a blank slate and set out to develop the questions using PD principles. In initial meetings several people suggested some questions. Discovery Group members talked to people outside the Discovery Group, and questions were added and refined based on several rounds of experimentation and modification. The PD questions that emerged from this process and were used to prime the AEMC population for PD were:

1. What would you like to know about this problem?
2. What do **you do** about it?
3. What are the **barriers** that prevent you from doing the right thing 100% of the time?
4. Who do you know who is doing the **right** thing or who has **overcome** these barriers?

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The 7 priming questions, *continued*

5. **Who else** needs to be in this conversation that isn't here? (keeping in mind Jerry Sternin's tenet, "Don't decide about me without me")
6. How do we **invite** those people to be part of the **action**?
7. What other ideas do you have?

Success stories

As I talked with the staff on my tour and conducted additional research I encountered a number of inspiring stories that help tell the story of the PD journey at the hospital.

Source	Story	Key takeaway points
Resident	Kim Jaegel and several other residents volunteered to help with a PD initiative. Their project write-up received a national award. In a world where residents typically receive little praise (or even recognition) this project helped bring the residents into the spotlight based on their excellent work. It prompted a follow-up video now used for training for the entire hospital. After their award, the residents felt increased levels of ownership and responsibility for the project, and have continued their commitment to the project outcomes.	Morale for these residents went way up. After the recognition they instilled in themselves a greater sense of ownership and responsibility for carrying on the work. These factors increased their energy and willingness to contribute. *Questions to leaders: What if everyone could feel like that most of the time? What effect could that have on output?*
Core team	The 50-60 volunteers for the Core PD Team, as well as their facilitators, endured many meetings in which people were uncomfortable with direction and progress. As time passed, people understood that it wasn't necessary to have all answers immediately, some could emerge.	It's okay for leaders not to have all the answers at the start of a meeting. This is a paradigm shift that may cause discomfort. Not having all the answers, as well as discomfort, are natural and acceptable with PD.
Nurse	She proudly showed us the methods for room gowning and infection control within patient rooms.	Empowerment and pride in work can take place at all levels, given the right conditions.
Nurse aide	Because her small hands made it difficult to perform well using regular gloves, an investigation of alternative gloves was launched and better sizes and textures became available for all.	Often many people have a problem with the current situation, but until that problem is voiced, they continue to "suffer through."
Patient transport worker	Using more gowns to control MRSA increased waste volume. Jasper Palmer showed people how to slip out of a gown, turn it inside out, and stuff it into a glove, compressed to a baseball's size. Gown waste volume decreased dramatically.	Associating a person – especially a 20+ year front-line employee like Jasper -- with a new process can be helpful in reducing resistance and disseminating its practice.

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Success stories, *continued*

Source	Story	Key takeaway points
Housekeeping	Wanda had a better idea on how to clean. The new process now bears her name. Others who heard Wanda's story now are innovating.	Providing visibility and recognition can be motivation for all, not just the innovator.
Medical Director of Infection Prevention	Jerry Zuckerman, MD, stated, "People don't turn their backs on things they create."	Get people involved to improve work conditions, raise morale, and improve quality of care. Even if an initial solution doesn't work, people will work hard to fix it because they own it.
CDC Infection control expert	He once expressed skepticism at the part of the PD process that discourages technical experts from intervening when their experience tells them that front-line workers are spending time needlessly on a particular problem. Early in the AEMC effort some food service workers' improvement efforts focused on chicken tong use, but the science tells us that MRSA transmission is impossible for the process these workers examined.	The CDC expert's later epiphany was that the incorrect science was unimportant. The real payoff was that food service people had become local infection control experts and were taking a more mindful approach to all their activities!

Links to quantitative quality improvement

On the surface it might seem that PD is solely focused on the people aspect of change simply because the attention that PD gives to this aspect is such a dramatic departure from traditional improvement methods. And when you talk to people they constantly mention PD's energizing elements of employee engagement, self-discovery, and individual and group behavior changes. It's natural for people to talk about these things because they've been energized by them, and they're so different from traditional change efforts of the past.

But PD doesn't stop at just the people aspect of change. The quality department at AEMC is well-versed in Deming's quality principles and his Plan-Do-Study-Act (PDSA) cycle. AEMC employees and quality professionals collect pre-and post-improvement data and analyze it to drive future decisions.

"DADs" – a cornerstone of ongoing improvement

A group process known as a DAD – Discovery and Action Dialogue – helps keep PD alive and energized at AEMC. In these sessions trained facilitators act as catalysts with questions (instead of as experts with answers) to stimulate idea sharing. The local groups whose behaviors will eventually change – not the facilitators -- then develop plans and act on them. There is an interesting parallel between a series of DADs and the PDSA cycle described above in that there is an iterative process of planning, testing, evaluating, and modifying based on evaluation of previous results.

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"DADs" – a cornerstone of ongoing improvement, *continued*

These sessions work well because the meeting norms have changed. With the new meeting norms there is: broader participation by all levels, increased emotional engagement in the process, an understanding that good ideas can come from anywhere, and an increased tolerance for not having all the answers at the start of a project, or even at the start of a meeting.

Key lessons learned

Here are some key lessons learned in the hospital's emerging PD journey, organized into the categories of Initiation and Implementation:

Initiation

- The PD kick-off event can be extremely important. It demonstrates management commitment, provides a preview for people of what's to come, and models new values and business practices, such as increased inclusivity. (For example, at AEMC no one had ever asked clergy to help solve a clinical problem before, but they were at the kick-off and participated in MRSA reduction.)
- The new conditions for organizational interactions during PD "replace a scarcity mindset with a mindset of unimagined abundance." (This may sound like grandiose hyperbole, but it's a phrase that is used often to describe the AEMC PD process and associated results achieved to date.)
- Though top leadership expresses the desire to move to a PD approach and wider employee engagement in problem solving and opportunity identification, the entire old management paradigm can be difficult to discard all at once. Some elements of the old paradigm are bound to remain during the organization's emergent journey. These need to be acknowledged and addressed so that the new elements can be presented and practiced.
- Personalize data – both outcome and process – by using stories and points that people can relate to in order to generate excitement about change. *Example:* When nurses were provided with statistics about MRSA infections the presenter initially received a rather "ho-hum" response. When one nurse, however stated aloud that "Oh, so this means that our patients can go home twenty days earlier to their families than before," the personal connection of the nursing staff was made and desire to change was increased.
- The quality data should not belong to the quality department, but rather to the operating units that generate the data because these are the people who will be using the data to make decisions in the future. This strategy creates a greater sense of local ownership and desire to improve (which is far better than simple buy-in for someone else's findings and recommendations).

Implementation

- To support the PD environment and build people's capacity for decision making, it's better for leaders and change agents to ask questions than it is to give instructions.

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Key lessons learned, *continued*

- The mere shift to a question-asking mode from a direction mode is not enough. It's also important to ask the right *types* of questions. Instead of asking closed-ended questions, ask open-ended ones (E.g., don't ask, "Do you wash your hands?" Instead ask, "How do you wash your hands?")
- And additional important steps beyond asking the right types of questions are engagement, demonstration, practice, and discussion. For example, "Does anyone else have something to add?... Please show us… Let's talk about what we've just seen…"
- Language can be a high-leverage behavior changer and new behavior supporter. Pithy sayings coined by workers can be helpful in changing the culture and work conditions. Therefore, it's helpful for management and the PD core team to support, and spread worker-coined aphorisms such as "Look for the easy Yes", and "You get what you get, and you don't get upset" (related to allocation of scarce resources in the hospital setting). Equally important are PD maxims such as Jerry Sternin's "Don't decide about me without me." These thoughts help change mindsets and behaviors.
- One manager interviewed stated that there was a very positive effect on morale overall. It has been particularly helpful to have meetings, or DADs, where the question is posed, "What are the obstacles to implementing these new changes?" Early in a PD effort disagreements, spirited discussions, and great learning are bound to occur in such meetings because not everyone is yet on board with the new mindsets regarding the origin and transfer of behaviors and ideas. Such conversations and behaviors are totally acceptable in a PD journey, and help shape new thought patterns and behaviors.
- That same manager mentioned above also provided some valuable insights into the cultural challenges of widespread PD use:
  - She said she struggled to get more people involved. Because of time commitments and other interests, that's not always possible.
  - In the spirit of PD it can be easy to help and challenge people in other departments, but unfortunately people sometimes people do not challenge peers in their own departments as much as is needed.
- For a highly-visible, cross-disciplinary PD initiative (like MRSA reduction) it's fairly easy to see some highly productive, new behaviors and associated results. However, the spirit of challenge, peer-to-peer collaboration (irrespective of level), and innovation are more difficult to translate to the day-to-day work once people are out of the PD project mode and back to their workstation. In many cases leaders could focus on doing a better job of *coaching* people, not just directing them. This would help bring PD principles to life on a more daily basis.
- Celebrate success. Celebration provides recognition to people who have done good work, it generates energy, and builds goodwill for the new ways of doing things. *Note:* a celebration does not need to be a big formal event. Celebrations can be as simple as talking about the great work just accomplished, or team members congratulating each other on quick wins.

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3. PD Implementation roles

Section introduction

The success of most large-scale change efforts is highly dependent upon a clear definition of who is doing what during which part of the change. The chart below provides general guidelines for the key players throughout a PD implementation.

	Before	During	After
Leadership	Learn key PD principles. Allow workers at all levels to have a voice in improving work processes and conditions. Ensure adequate funding is available before starting PD. (Don't forget follow-up meetings, data collection and analysis, and increased use of supplies when developing future resource needs). Typically one or two executives – not all top leadership in the organization -- are actively involved in PD activities in the Before stage.	Listen carefully. Avoid injecting expert advice, and strive to let the group make discoveries (even if you know you are technically correct). Ask questions to provide guidance for groups' self-discovery. Stimulate "what if" thoughts. Ensure people are accountable, but be supportive. In addition to executives allowing workers to do PD and creating conditions for success, it is helpful if at least one executive is actively involved in meetings and helps drive the process forward.	Continue to provide conditions for workers to un-earth and address problems and opportunities. Provide the invitation and space for future PD activity. Help channel effort by requesting data. After several waves of front-line worker-led activities top leaders may begin to integrate the principles and processes of PD into their work environment at the higher levels of the organization.
Core team *(at AEMC included frontline staff volunteers, leaders, infectious disease clinicians)*	Gain a solid understanding of PD and its application. Identify preliminary areas for improvement and initial people to involve. Begin to role-model and support higher involvement of employees in what are typically thought of as "management activities."	Support the PD improvement process with actions and words. Provide support for people in the targeted PD improvement (encouragement and financial support, if possible). Develop strategies for engaging more people (like physicians) in PD.	Periodically convene lessons learned sessions and identify what's been learned and how to take it forward. Work with the external consultant while that person is still on board to understand what key conditions need to be in place for PD to continue.
Participants	Learn key PD principles. Assume you have the power to change things. Be curious. Act as if your voice and your experiences can have a difference.	Actively engage in the process of discovery, learning, and behavior transfer. Be thinking about other ways you can improve the target area (e.g., MRSA reduction).	Track results and data to assess whether or not changes made the desired impact. Initiate or re-initiate ideas for improvements as needed. Engage others in PD.
Consultants	Provide PD foundation principles and approach, and model key PD behaviors.	Help people see the unnoticed, powerful behavior changes around	Continue support for internal PD leaders. Ensure conditions for

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	Before	During	After
Consultants, *continued*	Assist in meeting design and expectation setting (e.g., we don't have to have all the answers at the meeting start; this will be an iterative process).	them. Use questions to lead groups to self-discovery. Reassure people that it's not necessary to have all the answers. Provide leader support. Model desired behaviors.	successful PD are present (e.g., forums for uncovering issues and discovering positive local solutions, and data to assess effectiveness).

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4. When to use PD

Section introduction

PD has successfully been applied in a variety of community, government, education, and corporate environments. There are a number of problems or opportunities for which the principles and steps of PD are an excellent match. In addition to having the right type of *problem or opportunity* to work on, it's also important to have the right *conditions* in which PD can be most effective. This section provides some insights into both.

This section's topics are: problems or opportunities ripe for PD, and conditions required for successful PD.

Problems or opportunities ripe for PD

Here are some problem/opportunity areas that would be considered "ripe" for applying PD:

- Behavioral changes are called for to address an important, often longstanding problem or opportunity.
- Changes in mindset and attitude are needed.
- There is no apparent cookie cutter, off-the-shelf solution available.
- Solutions must be possible and progress must be measurable.
- Persistent problems are recurring that require a mixture of technical and behavioral changes.

Conditions required for successful PD

It would be a mistake to attempt to implement PD without creating the right conditions for it to succeed. Here are some starter conditions that ideally exist before launching any sort of PD improvement effort, organized into the categories of initial conditions and ongoing in-the-trenches conditions:

Initial conditions

- There needs to be some urgency for change to help motivate people to change. This urgency can come from any level, but needs to be actively reinforced by one or more of the top leaders (in this context a top leader would be defined as a person in the top two or three levels of the organization). People at all levels of the organization need – especially at the top level -- to be aware of the need for change, so that no one stands in the way once the effort gets started. This urgency of change message should contain elements that appeal to people's logic, as well as to their emotions.
- Early on *all* the top leaders do not necessarily need to be actively involved in PD efforts. (In practice, it may not even be a great idea to try to get all leaders on board at the start. When viewed on paper, PD may represent such a drastic departure from traditional management methods that it may appear

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Conditions required for successful PD, *continued*

illogical and unworkable to some. Large-group discussions about these concerns could lead to unnecessary delays of PD and its associated benefits. As Dr. Jon Lloyd, a physician involved with several highly successful PD efforts quips, "PD only works in practice, not in theory." Some people just need to see results first, so it's often best to target just a few top leaders who would be committed to PD implementation at the start.) *Note:* Though all leaders don't need to initially *provide active support*, all leaders do need to *allow* PD efforts when those efforts affect their group. This requires a brief suspension of judgment by those leaders not actively involved until results are achieved.

- In the early stages and throughout the first several PD efforts it is very helpful to have at least *one* top leader actively involved and highly visible in meetings. Experience has shown that even though PD improvements are front-line led efforts, it is helpful for one or two top leaders to demonstrate that top management is not just paying lip service to the effort, but in fact is committed to helping it along and is committed to practicing new PD behaviors.
- Leaders and PD participants have been briefed on PD principles, the approach, and what to expect (before, during, and after the PD work).
- Appropriate time and budgets are allocated for the initiation and follow-up activities for PD.

Ongoing, in-the-trenches conditions

- People of different organizational levels (from chief quality officer to housekeeping people) sit shoulder-to-shoulder in the same meetings and have equal opportunity for contribution based on their direct experiences with the work being addressed in the meeting. As discovery and action dialogues proceed, roles of participants in the meetings emerge.
- Managers and directors encourage people in their PD improvement efforts. They (as well as the top levels of the organization at appropriate times) acknowledge and reward behaviors such as sharing, collaboration, experimentation, and initiative-taking. People at all organizational levels need to be aware of the need for change. This is important so that people do not stand in the way once the PD effort begins.
- Experts need to become silent while the larger population discovers and gains insights. However, while silence is a good starting point, it may not be enough. Experts need to be genuinely supportive of the group's outcomes, as well as the group's process as they develop and test their solutions. Thoughts such as "I-could-have-told-you-that-at-the-start" need to disappear from the brain, lest they be manifest verbally or through body language.
- Leaders refrain from over-ruling employee suggestions unless there are serious consequences of not doing so. At AEMC meeting participants talked openly about "boundaries" – such as science, budgetary, regulatory

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Conditions required for successful PD, *continued*

requirements, and time – so people did not needlessly discuss items which could truly not be changed.

- Data collection processes need to be established to provide adequate reasons to change, and to monitor the results of the actions taken.
- During PD meetings directors and managers ask questions instead of telling front-line workers what to do. In areas where some minimal guidelines must be followed, those are provided and then employees are encouraged to innovate within those guidelines.
- Experience has shown that though PD is driven by suggestions and behaviors from front-line workers, it is not necessary for directors and managers to totally remove themselves from the PD improvement process. They can provide an important facilitation role and help drive the process forward because they have formal organizational authority. Another reason to include middle managers in the process is that without the support of the middle management group it can be difficult to get any significant change effort off the ground (as we have found numerous times with quality improvement efforts, empowerment efforts, self-managed teams, changes in strategic direction, and other large-scale change initiatives).

When the above sets of conditions are present, PD has a high likelihood of moving quickly through the organization quickly and achieving sustainable improvements.

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5. When not to use PD

Section introduction

Despite its strong design elements and foundation principles, PD will not yield fantastic results 100% of the time. Sometimes local looming organizational challenges make it difficult to conduct a PD effort. And sometimes those challenges are just too large to overcome and PD can't get off the ground. It's also important to note that there are some situations in which it would make little sense to try to apply PD simply because there are better ways to approach the problem. This section provides insights into each of those topics so that people don't try to force fit PD into situations where it would not be effective.

PD challenges

Based on my observations and interpretations I propose there are four basic types of challenges for successfully implementing PD. These types, along with some examples that would specifically inhibit PD are:

Challenge type	Examples of PD-inhibiting actions or conditions
Leadership philosophy	Support the notion that all good ideas come from the top of the organization; discourage experimentation; have managers tell a team they're making a mistake even if it could be beneficial for the team to learn from making it; give directions instead of asking questions.
Experts refuse to relinquish control, even temporarily	*Situation:* An expert in infectious diseases thinks that a proposed process change will have no impact on the spread of a bacteria strain. When the PD improvement group suggests they implement the change he tells them that it's a stupid idea and can't possibly help (instead of asking questions and suggesting data collection to guide the group's self-discovery process).
Management structure & practices	Require that *all* communication and approvals for action must travel through the formal hierarchical structure; have many organizational layers that make multi-level decisions challenging and lengthy. Give many people veto power over new ideas and practices.
Perceived or manufactured time pressures	Top leadership states that the problem must be fixed immediately, and there is no time for a highly-interactive process like PD. In some cases (as described on the next page) there may indeed be time pressures, but it's always good to ask "Is there *really* a time pressure here (or is this just a way of avoiding using PD)?" *Note: Always keep in mind the balance between getting things done quickly (like via executive decree) and developing internal organizational capabilities for the long run.*

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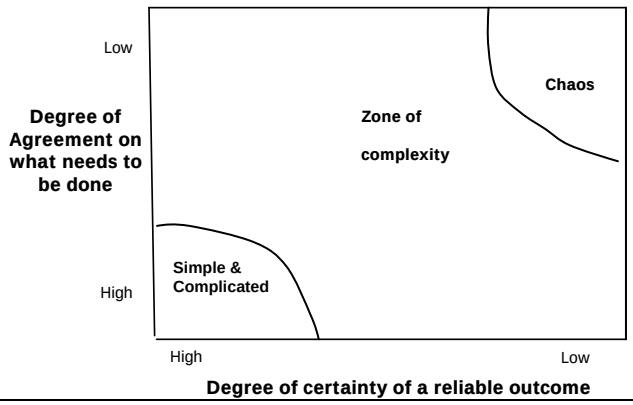
Situations where PD is not appropriate

Based on the nature of how PD operates, there are some situations where PD is clearly inappropriate to address a particular problem or opportunity. Here are three general categories and some illustrative examples:

Situation type	Example
The problem is primarily technical and requires minimal behavior change	There was a problem with low yields coming from a bioreactor in a biopharmaceutical company. It turned out that the problem was that the automated control device increased the temperature after twenty minutes instead of after five minutes. The software program was adjusted and the problem was fixed.
Complex analysis, data collection, or truly special skills are required to determine proper behaviors & next steps	An experienced neurosurgeon opens a patient's skull and finds a pituitary tumor the size of a golf ball. It's clearly not time for the neurosurgeon to ask the other people in the room, *"Okay, folks, any ideas on what we should do next?"* and then follow their advice so they can feel empowered.
Genuine time pressures	A certain policy must be implemented and people trained on it before an upcoming visit of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in two days.
The problem does not fall on the appropriate place on Zimmerman and Lindberg Diagram *(a picture, shown below on the right, that people at AEMC use to determined the appropriateness of a PD process)*	In a situation where there is a high degree of agreement on what needs to be done, and a high degree of certainty that if we take an action we'll get a reliable outcome (the lower left zone called "Simple and Complicated" in the diagram below), the PD process would be of little help. In the upper right "Chaos" zone the PD process would also be of little help. It is the Zone of complexity area where PD is of most value. This diagram was often invoked in AEMC meetings when deciding whether or not a problem was a candidate for PD. (While some problems may arguably have elements of all three zones, the tool is nevertheless useful in conversations about problem classification for potential PD use.)
	Zimmerman and Lindberg Diagram 

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6. PD in the larger improvement and change management context

Section introduction

The earlier part of this paper explored PD as an approach, and focused specifically on PD's application at AEMC. I believe it's also useful to view PD in the overall context of other improvement and change management-related approaches. These connections can offer insight in two areas.

First, they can help explain why PD works well in a variety of environments. Second, by considering these connections and leveraging insights from other approaches, practitioners might better plan, implement, course correct, and sustain PD by capitalizing on PD's strengths as well as decades of research in other related areas.

This section's topics are: Gladwell's The Tipping Point, Rogers' Diffusion of Innovation, quality improvement approaches, and the Toyota Production System (TPS) and Toyota's plant manager training.

Gladwell's The Tipping Point

In Malcolm Gladwell's 2000 landmark book he explained the concept of a "tipping point," which is the level at which the momentum for change becomes unstoppable. He sets forth three rules of epidemics (or "agents of change") that push situations beyond the tipping point:

Rule #1: The law of the few. Success of any widespread change is dependent on the involvement of the following types of people, even though they may be few in number: connectors (those who link us up to the world), mavens (those who have special knowledge), and salesmen (those with great persuasion and negotiation skills). *PD considerations: these types of people all naturally emerge and shine when the correct PD conditions are set up. Leaders need to ensure that good ideas can truly come from anywhere, and support people as they evolve in these roles (thus magnifying their impact).*

Rule #2: The stickiness factor. The content of a message and how it is crafted help make it memorable and provide impact. Examples cited in Gladwell's work were Sesame Street and Blue's Clues. *PD considerations: by having front-line employees craft messages in the form of personal stories (like Wanda's and Jasper's), the messages become stickier for others than if crafted by a VP, or internal or external consultant had crafted them.*

Rule #3: The power of context. Human behavior is strongly influenced by its environment. Examples cited were the zero tolerance efforts in NY to combat minor crimes and the "bystander effect" (which explains why individuals are less likely to provide assistance in a situation where other individuals are present). *PD*

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Gladwell's The Tipping Point, *continued*

considerations: have top management allow PD activities to occur and have at least one top leader actively participate in meetings, model the new desired behaviors, and drive change. The appropriate context would also be supported by appropriate budget and time being allocated to PD, an atmosphere at meetings that encourages open dialogue, and the existence of well-designed metrics so groups can discuss results and make informed decisions.

Rogers' Diffusion of Innovation

In his 1962 book Everett Rogers introduced a theory of how, why, and at what rate new ideas and technology spread through cultures. His theory deals with any level of new technological innovation ranging from fax machines to why village women in developing countries do or don't adopt safe water drinking practices in villages, even if they have had the facts logically explained to them. Rogers identified five key diffusion attributes that need to be addressed for a new idea to gain widespread acceptance. It's useful to look at these in the context of PD, and how PD already has these powerful change levers "baked in" to the approach.

Diffusion attribute	Applied in the PD context
Relative advantage	A problem exists, and an individual or group is solving it who has access to exactly the same resources that others who have not solved the problem have access to.
Compatibility	The local solution in one part of the organization already is compatible within the culture, because it is being done in a small section of the organization. Front-line people and often managers develop easily adaptable, non-threatening ways to move and locally adapt useful behaviors around the organization to parts that could benefit.
Complexity	People in one part of the organization have done it, usually with no special resources that others do not have. There is a built in language filter that participants use to screen out extraneous or overly complex information: if a finding is deemed "TBU" (True But Useless) then the group ignores it.
Triability	The practice has already been tried in the positive deviant's part of the organization. Other parts of the organization can practice it in training mode before implementing it in their day-to-day work.
Observability	People can watch the practice (and often see the data) for the proposed change in the positive deviant's area. They can then observe it demonstrated for other parts of the organization. When data have been collected in other parts of the organization, people have visibility into whether the change is working.

All these attributes naturally occur in PD based on its principles and approach. However, implementations don't always proceed as planned. PD implementations that encounter challenges in mid-stream may benefit from examining this table and designing interventions that seek to amplify one or more of the above attributes.

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Quality improvement approaches

A primary objective of most quality improvement approaches – like Lean, Total Quality Management (TQM), and Six Sigma – is providing external customers with products or services that meet, or even exceed customer requirements. By extending our attention to include *internal* customers (as most quality approaches now do) we can simultaneously increase the quality of work-life for employees and the long-term financial viability of the organization, while also satisfying the needs of the very important external customer. Most quality efforts help achieve these goals through a combination of improvement principles, statistical methods, employee engagement, and helpful models.

One model that has important implications for PD is the Plan-Do-Study-Act cycle for continuous improvement developed by quality pioneer W. Edwards Deming. As mentioned previously in this paper, this method, with its required accompanying data collection and analysis, is firmly in place at AEMC. It is apparent in day-to-day actions of the Core Team, and appears in its essence in the Discovery and Action Dialogue sessions (DADs).

At another hospital – the Veteran's Health Administration's Hospitals in Pittsburgh – the PD implementers are using the quality principles of the Toyota Production System (TPS) to standardize processes, mindfully perform daily work tasks, and continually improve.

TPS and Toyota's plant manager training

The Toyota Production System (TPS) is a much studied model of excellent execution. TPS's roots are in quality improvement approaches (see previous topic). TPS includes principles, statistical methods, models, and a philosophy of front-line worker involvement in problem-solving. But what is often missing from the well-publicized articles are the management mindsets and practices that are required to make it work so well. A case study of the selection and training process for a new Toyota plant manager makes one point very well that's often missed.

During the recruiting and selection process for a new plant manager, three candidates were given an opportunity to work in the plant and identify cost-saving improvement opportunities. It's a long case study, but the punch line is this: the candidate who won was the one who realized that he could never solve shop floor problems like the front-line workers (the losing candidates continually tried to individually identify improvements, or led improvement teams with a heavy hand). The one who got the position realized (after a few unsuccessful tries) that it was his job to provide front-line workers with the time and resources to address problems at lower levels of the organization – it was not his job to solve the problems, or even to tell the workers how to solve them. This is a valuable lesson for a leader at any level in a PD effort.

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The Positive Deviance Approach – A Briefing

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7. Potential synergies with other methods

Section introduction

PD is a robust, highly effective approach to organizational improvement. Its strengths are based on its highly participative nature, simplicity of design, the few guidelines of the min specs, and capitalizing on internal organization strengths and practices.

These solid foundations and PD's principles help generate conditions for

- solutions that are easy to implement, some of which may be transportable
- a culture shift that encourages improvement at every level
- a high energy level in employees that helps them pursue the organization's most critical objectives, and
- behavior changes and altered conversations at all levels that encourage local ownership, use of evidence to make important decisions, increased organizational energy, and people taking a more mindful approach to all activities.

In my research of methods for organizational improvement over the past 15 years I have encountered a handful of other methods that build upon a similar foundation. A combination of one or more of these methods with PD could yield more positive results than any single method could alone. The next section contains some of these methods. Additional information can be found via a Google search on any of these terms. These methods are all also included in the second edition of *The Change Handbook* (2007, Berrett-Koehler publishers, Holman, Devane, and Cady eds.).

Candidate methods for combination with PD

Each of the methods presented in the table on the following page are highly participative. Each has a simple template design that is flexible and can produce a variety of high-leverage solutions. And each draws upon the knowledge and practices resident within the organization. The table contains a brief description of the method, its outcomes, number of participants in a single session (there may be multiple sessions where single session results are integrated), event duration for the actual method (follow-up is a separate activity, and is typically required for each), and a *Change Handbook* page number for easy reference.

For organizations considering increasing worker engagement, this table could be helpful in designing a sequence of high-engagement events. A tip would be to decide which outcomes (shown in the second column of the table) are most needed by your organization, and then develop an overall strategy for achieving your business objectives using high-engagement events. It often makes more sense for an organization to use proven templates than to try to design all their own events. The table on the following page provides a starter list of proven templates for your review in the context of your overall objectives.

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Method	Outcomes	# of people	Event length	CHB pg
Search Conference	• A well-articulated set of goals • Coordinated action plans for achieving the goals • A community of people who have learned how to actively and adaptively plan • A shared commitment to, and energy for, plan implementation	20-35	2-3 days	347
Dialogue	• Deep understanding of people's assumptions and impacts on the current environment • Appreciation of others' points of view • Increased ability for people to "think together" in groups	5-5,000	45-90 minutes	102
Open Space	• Increased learning and action planning capacity in a self-managed environment	5-2,000	1-3 days	135
Future Search	• Discovery of common agendas and shared ideals • Voluntary commitments based on common ground • Shared leadership and self-management • Acceptance of polarities and differences	40-100	2.5 days	316
World Café	• Surfacing of unquestioned assumptions • Clarification of strategic questions and how those need to play out in day-to-day jobs • "Coherence without control" among diverse stakeholders, even in very large groups	12-2,000	2 hours to 2 days	179
Appreciative Inquiry	• An appreciation for the organization's strengths, and use of those to initiate improvements • Inspiration for collaborative action based on what has worked for the organization before • Action plans that people enthusiastically commit to implement	20-2,000	1 day	73
Participative Design Workshop	• An organization consisting of self-managing groups that coordinate their actions with other groups • High engagement of the workforce in setting local goals and monitoring results • High energy and accountability for meeting the organization's strategic goals	15-200	1-3 days	419
Visual Explorer	• Rapid depth of dialog and shared understanding among differing perspectives • Memorable metaphors and stories • Creative relationship to the ideas, emotions, and intuitions of self and others • Personal action plans for moving forward based on the above	2-100s	1-4 hours	603
Scenario Thinking	• Increased ability for strategic thinking throughout the organization • Accelerated collaborative learning about the external environment and how the organization can adapt to, and shape it • Bold actions based on a shared understanding of external forces and trends, as well as internal possibilities	15-500	1-3 days	331

Note: many methods in *The Change Handbook* could be combined effectively with PD. Factors I considered in preparing this table were: 1) my understanding of the PD process I obtained through research and my field visit, 2) simplicity of the method, 3) minimal reliance of the method on outside assistance, and 4) my desired to provide a short, quick starter list for practitioners, rather than a comprehensive list of all options, and 5) my gut feel on what might be a good fit based on my experience (okay, not too scientific, but often helpful).

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8. Personal reflections

Section introduction

When I look back and think about what I encountered in my research and one-day visit, several points stand out that I think have significance that others might want to consider. This section documents these reflections.

This section's topics are: formal power in a PD environment, criticality of a great internal PD coordinator, the power and impact of formal organizational structure, engaging the middle manager power base, more than just transferring behaviors and practices, a central concept for organizational excellence, and helpfulness of periodic approval and encouragement.

Formal power in a PD environment

There's an interesting irony to implementing PD. Once implemented, it's a very democratic, egalitarian, highly participative process. However, in order to get it implemented, upper management needs to allow it to happen. In addition, as mentioned before, it is very helpful to have at least one member of upper management actively involved in PD meetings and helping to drive the process forward.

It is also important to have the middle management layer – the directors, managers, and supervisors – actively involved to help facilitate the meetings, maintain momentum, and provide general support. It's an old organization development premise that if an organization is going to change how its people will interact, it's best to start with where they are and begin to change from there. It can be helpful to begin by acknowledging current management practices and views of power, and then to articulate modifications that will be needed for successful PD.

Criticality of a great internal PD coordinator

Sometimes a PD coordinator is hired for the job (as was the case at AEMC). In other organizations PD begins and the PD coordinator emerges (like at the VA in Kentucky). One of the biggest challenges I personally see for PD implementations is the high caliber required for the primary PD coordinator. Since David Hares (the internal PD coordinator at AEMC) possesses all these characteristics, it was very easy for me to draw up a quick list for other potential PD implementations based on my day-long visit with him. Here's my short "essential list" for an internal PD coordinator:

- Excellent people interaction skills, and a natural capability for building relationships.
- A strong desire to interact on a peer-to-peer basis with people, as opposed to interacting on a one-up-one-down basis. (*Example:* upon entering David's office for the start of the interview he insisted on being on the same side of the desk as me and the other consultant, saying he felt a bit uncomfortable talking at people from behind a desk. Subtle, small actions like this can cumulatively have a very powerful affect on changing a culture over time.)

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Criticality of a great internal PD coordinator, *continued*

- Strong data collection and data analysis skills, which are necessary in establishing baseline performance, and assessing the impact of changes.
- Strong technical credentials for the local work environment (in addition to his quality management and organization development skills, David is an MD, and holds an MBA). (*Note:* people skills were far more important for David in dealing with front-line workers than his MD. However, because of his technical degree it is likely David was given more latitude from upper management in his work than if a housekeeper or transport worker had been serving the role of PD coordinator.)
- A focus on results instead of flaunting a well-earned title (*Example*: it was 40 minutes into our visit that I found out that David was an MD, and I found out only because I carefully looked at his business card. For anyone who's ever worked in a hospital environment, I think you'll agree this 40 minutes could be a new record for a hospital employee not disclosing an MD background!).

The above combination of skills and personal attributes are indeed often difficult to find in one person. In the absence of finding one person who has all the above *and* who is available exactly when the PD project needs him or her, effective PD leadership could also be accomplished with a small *PD leadership team* of people who collectively possess these attributes.

The power and impact of the formal organizational structure

As mentioned throughout this paper, PD has the ability to have an extraordinarily positive impact on how people interact and the end results produced by an organization. This high degree of engagement and great end results bring to mind similar impacts brought to organizations through another high-engagement method, the Participative Design Workshop, or "PDW" (some brief facts were provided about this method earlier in a table in this paper).

The PDW approach provides people with principles for designing organizational structures for higher performance. In a series of workshops of 15 to 200 people, within less than two weeks all members of an organization develop a new organization design that consists of a management structure, self-managing teams, and appropriate interfaces among the teams. In one organization where we did PDW output increased by 250% within an 18-month period. Such gains with PDW are not uncommon. Intelligent distribution of decisions throughout the workforce can have a powerful impact on organization results. But while the benefits of using a PDW approach can be great, often the fact that the organizational structure must change is a key sticking point for some organizations, and they decline moving forward with the PDW approach.

One of the great *benefits* -- and, perhaps, a key *challenge* -- of PD is that is doesn't require any changes to the formal organizational structure. (As discussed, a new

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The power and impact of formal organizational structure, *continued*

formal organization structure is required by the PDW method which makes stalling or canceling the PDW approach a distinct possibility.) On the positive side, this makes PD an easier sale to top and middle managers who don't necessarily want changes to key business practices and changes to the organizational structure happening at the same time. People can get going more quickly on big changes that need to happen fast, because there aren't agonizing discussions about whether or not the structure should change, and who should change it (these are the discussions that do need to go on for the PDW method before proceeding with any major change).

On the key challenge side for PD, there is a risk that PD may take a very long time to affect the *day-to-day* interactions of people. (As one manager pointed out, the big PD efforts are often easier arenas in which to exhibit changed behavior than the day-to-day intra-department arenas). Having a new formal structure with accompanying new management rules can really accelerate a change, as well as prevent backsliding during crises. Without formal organizational structure changes there is a possibility that people do not exhibit high-participation behavior on a daily basis, and only do so for the big, well-publicized PD initiatives (such as MRSA reduction).

I have no answers to this dilemma, I merely point it out based on my observations and reflections, as well as my personal belief that high-engagement organizations tend to outperform more directive organizations over time. They also tend to produce more self-fulfilled, motivated, and committed people, which can make the organization more adaptable, and changes more sustainable. I think combining the benefits of PD with some formal structural/management system changes would be an excellent area for further study for any organization truly interested in high-engagement methods.

Engaging the middle manager power base

There is one somewhat unique, powerful aspect of a PD implementation that addresses the thorny problems of creating middle managers' participation, ownership of positive results, and resultant support for a major change. PD gets middle management involvement early in the process.

Why, one might ask, is middle management support so important when introducing change into an organization? The middle layer of management – directors, managers, and supervisors – is a critical group of people who can make or break any large-scale change effort. They are the essential conduit for messages and energy between the top of the organization and the front-line workers. If these folks decide not to support a top management idea, it won't happen. Conversely, starting at the other end of the organizational pyramid, if this middle level balks too much at a front-line suggestion it will get killed before reaching the boardroom because the middle managers will not pass it on to top management. Middle managers matter.

In non-PD efforts getting middle manager support can be a problem because a middle manager typically perceives he or she has something to lose during the

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Engaging the middle manager power base, *continued*

change, and feels disempowered because decisions are distributed elsewhere. (*Example #1:* In an environment of self-managed teams, often middle manager positions are eliminated as teams take on more manager roles. *Example #2:* In total quality efforts middle managers cede control over process improvements in their area to process improvement team leaders, statistical experts, and front-line workers in their area.) These feelings of disempowerment and lack of involvement often lead to middle managers blocking the intended change.

But in PD efforts the middle management layer is involved from the start. They help facilitate meetings, arrange time and space for meetings, and generally help drive the process forward. Why is this important? Since there is no separate process to enlist middle manager support, the likelihood of a first-time-through PD success is increased. In addition, given that a separate engagement process is unnecessary, perhaps middle managers could be more innovative in their roles in the future and magnify even more the benefits of PD.

More than just transferring behaviors & practices

Many written accounts of PD focus heavily on the fact that PD makes it possible to transfer solutions from one part of an organization to another. That's a critical element, but it falls way short of describing the full extent of PD's power. With PD when people engage in peer-to-peer learning around possibilities that don't already exist, they are able to create innovative *new* practices – not just transfer existing ones -- that were previously unheard of. The ongoing mindset shift in how people can interact, innovate, and create makes improvements possible far beyond the initial PD effort.

A central concept for organizational excellence

A few years back I did some extensive client and non-client research for a book called *Integrating Lean Six Sigma and High-Performance Organizations.* Lean Six Sigma is fairly well-known as a contemporary blending of two quality improvement approaches, but the concept of a "high-performance organization" is a bit less defined. In the context of my research what this term meant was an organization that uses high-engagement methods and lots of internal teams to achiever higher than industry average results.

One of the great management questions for many (thinking) leaders doing quality improvement is *When do I address the technical tools part of quality and when do I address the people part?* After all, budget and timing decisions do enter the picture in a real world implementation. The results clearly point in one direction, for such varied organizations I've worked with such as Honeywell, Hewlett-Packard, Weyerhaeuser, the Federal Judicial Court System of the United States, Allied Signal, General Electric, and a post-apartheid government agency in South Africa. One interviewee from Allied Signal put it quite succinctly,

> "We opted to do our high engagement segment through self-managed teams for the entire organization. We did this first, and it was a great decision. By

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A central concept for organizational excellence, *continued*

> doing this, workers felt an *ownership* in the results. Consequently, they were asking for the Lean and Six Sigma tools because these tools would help them meet their goals, in which they had a high level of ownership and commitment to achieving. If the program had been a series of tools and trainings rolled out from the top to the bottom of the organization (like many quality efforts), then it would have been upper management's programs, and would not have been embraced by all in the organization."

And consider GE's Jack Welch. He is widely known for his efforts in instilling the technical quality improvement discipline of Six Sigma at GE. What many people don't realize is that prior to implementing Six Sigma he had leaders run workshops (called "WorkOuts) that were designed to give front-line workers a voice in local improvements, and make the culture more customer-focused and collaborative.

The key takeaway point is this: a central concept for high levels of organizational performance is creating ownership. This typically precedes any training in quality or statistical methods in organizations that take an pragmatic approach to getting dramatic results that are sustainable. PD is a great way to create ownership that contributes to the organization's improved performance.

Helpfulness of periodic approval & encouragement

I was invited to an internal training session during my AEMC visit. The session was conducted in a highly participatory, open environment with a true emphasis on learning and practicing. As I mentioned earlier in this document, old behaviors and mindsets die hard, irrespective of the proximity of espoused PD principles. At the end of the session one participant (in an excellent display of vulnerability) stated that he felt the training session was very good, but that he felt a bit like he was in a fishbowl with the two "outside experts" in the room watching and not saying anything. Great point. Just by having some people observe a situation, the situation is changed. This is something to keep in mind when inviting "non-participants" to any PD activity. Role clarification and some sort of check-in/check-out processes can be very helpful.

The two of us "external experts" provided some brief feedback about how well we thought the session went, how quickly we thought participants picked up the new skills, and how *un*important it was for facilitators to have all the answers. We then provided encouragement that the skills we saw displayed would be very effective in the upcoming training. What happened next was interesting to watch as an outsider.

Many of the participants seemed to experience a great sense of relief and bolstered confidence based on this feedback. It's a great reminder – to all of us leaders, change agents, consultants and peer workers -- to continually look for opportunities to provide feedback to people, even when they are doing things very well. A few sincere, congratulatory comments can help keep the organizational energy at a high level, which is ever so critical for personal job satisfaction and organizational performance.

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9. Author background

Brief bio

Tom Devane is an internationally known consultant, author, coach, researcher, and workshop leader. He works with organizations and communities to build internal capacity for extraordinary performance. His passion is for blending the "hard" and "soft" aspects of improvement to create high-performing workplaces where people are energized to achieve organization and personal development goals.

He co-authored and co-edited *The Change Handbook* (Berrett-Koehler, 1999, 2007) and authored *Integrating Lean Six Sigma and High-Performance Organizations* (Wiley & Sons, 2004). He has also written articles for *Executive Excellence Magazine*, *OD Practitioner*, and isixsigma.com. He has appeared on several radio talk shows and has been quoted in *Industry Week* magazine.

Tom continues his research and teaching between consulting and writing projects. He has been an adjunct faculty member and frequent guest lecturer at Cornell University, the University of Denver Executive MBA Program, Concordia, the University of Colorado, Neumann College, University of Charlotte, San Francisco State University, Queens and Sonoma State University.

Prior to starting his own firm 21 years ago Tom held leadership positions at two Big Six Consulting firms and an alternative energy firm. His wide range of clients includes Microsoft, Johnson & Johnson, Honeywell, the state of Colorado, AT&T, the Federal Judicial Court System, Hewlett-Packard, the Colorado communities of Nederland and Blackhawk, Porter Memorial Hospital, the U.S. Forest Service, General Electric, and the government of South Africa.

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